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HEALTH CARE FACILITY

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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 04/28/2011  
FORM APPROVED  
OMB NO. 0938-0391

OTC 6/12/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445024	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 04/28/2011
NAME OF PROVIDER OR SUPPLIER  NHC HEALTHCARE, JOHNSON CITY			STREET ADDRESS, CITY, STATE, ZIP CODE 3209 BRISTOL HWY JOHNSON CITY, TN 37601	
(X4) ID PREFIX TAG  F 465 SS=D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG  F 465	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRONMENT</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure the ice machines in the pantries on the residents' units were clean and sanitary for three of four ice machines observed.</p> <p>The findings included:</p> <p>Observation and interview on April 25, 2011, at 2:55 p.m., in the Station 3 pantry, with the Director of Nursing (DON) revealed a white colored substance which extended across the front edge of the ice machine, where the lid of the machine rested when closed. Observation revealed the white substance had a powder type consistency when scraped with the fingernail. Interview on April 25, 2011, at 2:55 p.m., with the DON revealed the DON had no knowledge if the machine was in need of cleaning and stated, "I don't know. It's not nursing's responsibility." Continued interview with the DON confirmed the DON had no knowledge of who was responsible for cleaning the ice machine or when the machine was last cleaned.</p> <p>Observation and interview on April 25, 2011, at 3:00 p.m., in the Station 2 pantry, with the Resident Care Clinician (RCC) #1 revealed the ice machine had a white colored substance which extended across the front edge of the ice</p>		<p>No residents were affected by the ice machines.</p> <p>The ice machines cleanliness is maintained and observed weekly for any problem which would affect residents.</p> <p>A cleaning schedule has been instituted to ensure the ice machines are clean.</p> <p>The ice machines will be monitored and cleaned as necessary, in addition to ensuring a contract company cleans them as scheduled.</p>	<p>by who - dietary</p> <p>now after 5-5-11</p> <p>by who - dietary &amp; as needed + by contract 6 mos.</p> <p>how often every 6 mos.</p> <p>5/18/11 11:45 AM Information given by Ron Messimer, Adm. permission given to add to POC.</p> <p>Mary Ann Dyke RW</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Ronald Dean Messimer

Administrator

5-12-11

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NHC HEALTHCARE JC  
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F 465	Continued From page 1 machine, where the lid of the machine rested when closed. Observation revealed the white substance had a powder type consistency when scraped with the fingernail. Observation revealed a portable ice container with wheels had a white substance which extended in streaks from the top to the bottom of the side of the portable container. Interview with the RCC confirmed the ice machine and the portable ice container were in need of cleaning.  C/O #27738	F 465			